Grease '	Trap/Interceptor	Permit No.	

Application for Variance for Grease Trap/Interceptor



Business Name:				
Street Address:				
Mailing Address:				
Contact Name:		Title:_		
Phone No		Email:		
Description of food facility (attach mer	nu if provided):			
Reason(s) why th	ne facility is red		ce:	
Method(s) and/or the facility from e system:	entering the facil	ity's plumbing ar		
By signing this requesting, preparations, and greases graps, and the stap interceptor at the stap inte	ation, or services enerated the facilit	change, impacting y will be required to	the quantity	or quality of fats
Facility's Authorized F	,			Date
Received by:			Date:	
Approved	☐ Denied _	(initials)	Date:	